DISCLOSURE SUMMARY PAG		DR-2	DISCLOSURE		
COMMITTEE NAME (Must be same as on Statement of Organization) Kim M. Stockes			(Rev. 05/2002)	REPORT	
			For Office Use Only		
IMPORTANT: Indicate type of committee you are reporting for: 4			Comm. # 17488		
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate (5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee (8)Support Slate of Candidates			Audited Computer		
CANDIDATE COMMITTEES ONLY:				,	
Candidate Name	Political Party				
Kim M. Stockes		_			
Mamilton Ca Hospital Board TRuse	District (if Senate or Hous	rict (if Senate or House) JAN 1 5 2003			
SIGNATURE OF TREASURER (or person filing this report)	515-832-3	827		14-03	
SIGNATURE OF TREASURER (or person filing this report)	IELEPHONE		DATE	DIGINED	
Routine Penalties Due For Late	Filed Reports Range	from \$	20 to \$800		
SEE INSTRUCTIONS ON BACK AND COMPLETE THE	_				
I AM FILING A 1 - 19 - 03			//2\NON-ELEC	TION VEAR	
	,	ndicate o		HON TEAK.	
(report date)					
CHECK IF AMENDMENT TO REPORT DATED		Local C	ommittees, enter (Date of Election	
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a Notice of Diss		County which E	& Local Committee lection is held	es, enter County in	
STATEMENT	OF CASH ON HAND			. *	
CASH ON HAND at the beginning of the reporting period. (This by the committee. This amount MUST be the same as of the last reporting period, or must be zero if this is fire	s the cash on hand at the en	d	;	<u> </u>	
ADD TOTAL MONEY TAKEN IN THIS PERIOD					
Schedule A: Cash Contributions total (Attach Schedul	e A) (*also see in-kind belov	v)	·		
Schedule F: Loans Received total (Attach Schedule F	·)				
Schedule H: Total Sales of Campaign Property (Attac	h Schedule H)				
(Schedule H applies to Candidates' Comm	ittees Only)				
	SUB-TO	ΓAL\$			
SUBTRACT TOTAL MONEY SPENT THIS PERIOD				e.	
Schedule B: Expenditures total (Attach Schedule B) (*	*also see debts and loans b	elow)			
Schedule F: Loan Repayments total (Attach Schedule	F)				
CASH ON HAND at the end of this reporting period (if final repo	ort, balance must	,		_	
be zero) (Attach DR-3)		\$		<u> </u>	
*HNDAID BILLS (From Cohodulo D. Attack Calcadula D.)		<u></u>			
*UNPAID BILLS (From Schedule D - Attach Schedule D)		\$ م	1 11	U 29	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedu			1) 1U	11/2/	
*OUTSTANDING LOANS (From Schedule F - Attach Schedule	· F)	\$			
CANDIDATE COMMITTEES ONLY:				·o 210	
CONSULTANT BREAKDOWN (Schedule G Attached?)		_		S NO	
/ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attacl	n Schedule H)	\$			

FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

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FOR INSTRUCTIONS, SEE BACK OF FORM					SCHEDULE IN KIND		
COMMITTEE NAME (Must be same as on Statement of Organization)					IN KIND CONTRIBUTIONS		
KI	m M. Stackes			(Rev. 06/97)			
					☐ CHECK THIS BOX IF		
					AMENDING FORM		
DATE	NAME AND ADDRESS	RELATIONSHIP	DESCRIPTION	ESTIMATED	√ IF FOR		
RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE * (if applicable)	OF IN KIND CONTRIBUTION	FAIR MARKET VALUE	FUND-RAISER CONTRIBUTION		
10-28-02	11 111 6 1 7				CONTRIBUTION		
thru	Hamilton County Taxpayers		PAC Expenditus Independent	ξe .			
1-11-03	Association PAC		Ladependent	1 -			
	2042 Chase Ave, Webster City 77			5100			
10-22-02	Kim M. Stoakes 1340 Steiner Blyd	self	Newspaper	-100			
	1340 SHAME BIVE	Seit	Newspaper Abvertising	101			
	Webster City, In 50535						
							
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SUB-TOTAL.							
TOTAL (if last							
			page of this	1,104.29 1,104.29			
			الماديات ماديات	1) "			

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____